



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY OF COMMERCE AND
COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

NOTICE OF PARTIAL FEE / FEE DUE

Date: 02-08-02

To: _____

From: RAM Team, Office of Initial Patent Examination,

Subject: Fee Due

Application Number 10037731

The attached document was submitted with an insufficient fee. The Office of Initial Patent Examination has posted the fee submitted to the suspended fee code, 197. Please check the application for the appropriate authorization to charge a deposit account. If present, delivery a copy of the authorization, this form and the applicants submission to the Office of Initial Patent Examination, RAM Team, CP2-6C12. If an authorization is not present, notify the applicant of the fee deficiency.

The correct fee, code: _____ amount: \$ 412

The suspended fee code: 197 amount - \$ 110

Fee due amount = \$ 27

It is the Group's responsibility to collect the balance of the fee due and ensure that the total fee is posted to the correct fee code upon receipt of the balance due before providing the requested service.

Please direct any questions you may have to Joyce Gunter-Warren at 308-3616

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

MAYPAT 7

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>18</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>18</i> minus 20=	* <i>0</i>
INDEPENDENT CLAIMS	<i>4</i> minus 3 =	* <i>1</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR	RATE	FEES	OR	RATE	FEES
BASIC FEE	370.00		BASIC FEE	740.00	
X\$ 9=			X\$18=		
X42=	<i>42</i>		X84=		
+140=			+280=		
TOTAL	<i>412</i>		TOTAL		

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

OR	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=		
X42=			X84=		
+140=			+280=		
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

OR	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=		
X42=			X84=		
+140=			+280=		
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

OR	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=		
X42=			X84=		
+140=			+280=		
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.